

TRANCO-GESIC[®]

CHLORMEZANONE with ASPIRIN

100 mg. 300 mg.

**NON-NARCOTIC
ANALGESIC,
with tranquilizing
and muscle relaxant
properties**

in low back pain
sciatica, lumbago; musculoskeletal pain
associated with strains and sprains

in tension headache
premenstrual tension and dysmenorrhea

Because pain is frequently aggravated and perpetuated by both anxiety and muscular tension, the combination of aspirin with a well tolerated tranquilizer—muscle relaxant (Trancopal[®] (brand of chlormezanone)) is exceptionally effective.

TRANCOPAL is a "Tranquillaxant" which calms anxiety and tension, relieves muscle spasm, and enhances the analgesic effect of aspirin by subduing *emotional responses* to pain.

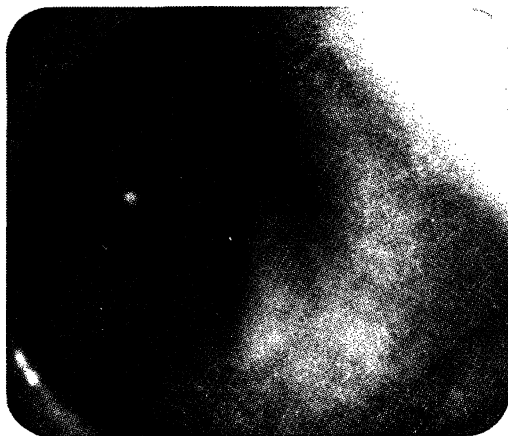
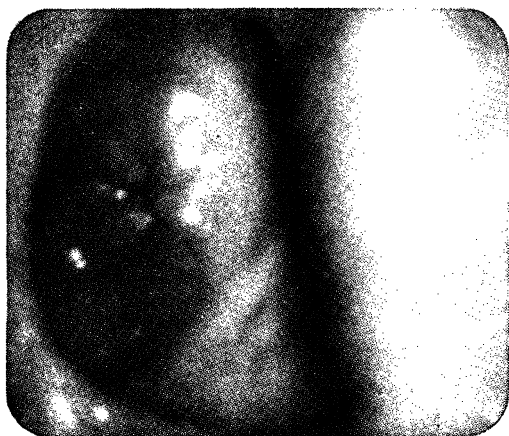
Side effects such as gastric distress, occasional weakness, sedation or dizziness may be noted. Ordinarily, these may be reversed by a reduction in dosage or temporary withdrawal of the drug. TRANCO-GESIC should not be administered to persons known or suspected to have an idiosyncrasy to acetylsalicylic acid.

Dosage for adults is usually 2 tablets three or four times daily, the suggested dosage for children from 5 to 12 years is 1 tablet three or four times daily.

Supplied in bottles of 100 and 1000 tablets.

Winthrop

Winthrop Laboratories
New York, N. Y. 10016



Intragastric photography studies¹

A/ E. B., male, age 48. Normal antral contraction. Pyloric opening is not seen. It is difficult to differentiate a deep prepyloric contraction from a "pyloric fleurette" or true pylorus.

B/ Same subject after 6 mg. of propantheline bromide intravenously; antral contractions ceased. The pyloric orifice remained open and was easily identified. Better visualization of the antrum was also obtained.

Now you can see Pro-Banthine® at work (propantheline bromide)

Pro-Banthine is so effective in anticholinergic action that it may be employed in visualizing the entire pyloric region.

In addition to the intragastric photographs, cinegastroscopic studies² have demonstrated graphically not only its effectiveness but the superiority of Pro-Banthine over belladonna alkaloids.

Pro-Banthine produced complete cessation of gastric, antral and pyloric motor activity with a dose of 6 mg. intravenously. This is approximately one-third the usual oral dose of 15 mg.

Atropine at full normal dosages did not produce such cessation. It required double the usual oral dose of atropine, 0.8 mg. intravenously, to duplicate the aperistaltic action of Pro-Banthine. This dose of atropine produced pronounced discomfort and tachycardia with ventricular rates as high as 150 per minute.

It is this pharmacologic superiority of

Pro-Banthine which has made it the most widely prescribed anticholinergic in such conditions as peptic ulcer, functional hypermotility, irritable colon, pylorospasm and biliary dyskinesia.

Dosage—The maximal tolerated dosage is usually the most effective. For most *adult* patients this will be four to six 15 mg. tablets daily in divided doses. In severe conditions as many as two tablets four to six times daily. Pro-Banthine (brand of propantheline bromide) is supplied as tablets of 15 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type ampuls of 30 mg.

Side Effects and Contraindications—Urinary hesitancy, xerostomia, mydriasis and, theoretically, a curare-like action may occur. The drug is contraindicated in patients with glaucoma or severe cardiac disease.

1. Barowsky, H.; Greene, L., and Bennett, R.: Investigators' Clinical Report. Photographs courtesy of Drs. H. Barowsky, L. Greene and R. Bennett.

2. Barowsky, H.; Greene, L., and Paulo, D.: Paper read at Meeting of American Society for Gastrointestinal Endoscopy, Montreal, Canada, May 25-27, 1965.

SEARLE

Research in the Service of Medicine

1940

War clouds over Europe made the big headlines twenty-five years ago. But the first steps following the formation of Greater New York's Blue Shield attracted little front-page attention in 1940.

At the start 800 doctors agreed to back the plan. Today, the number of Blue Shield's Participating Physicians in Greater New York has grown to nearly 20,000. And over five million people are covered by the plan.

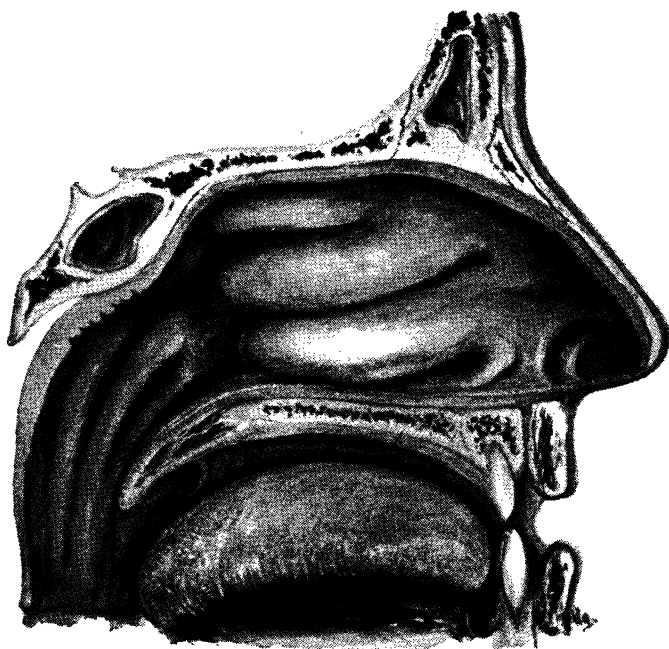
As we move forward into our second quarter century of progress, we again gratefully acknowledge the support of these Participating Physicians—dedicated men who have so long and so loyally contributed to the success of Greater New York's Blue Shield.

GREATER NEW YORK'S
BLUE SHIELD
UNITED MEDICAL SERVICE, INC.
Two Park Avenue, New York 16, N.Y.



The Bulletin of The New York Academy of Medicine, Vol. 41, No. 12, December, 1965. Published monthly by The New York Academy of Medicine, 2 East 103 Street, New York, N. Y. 10029. Entered as second-class matter February 3, 1928, at the Post Office at New York, N. Y., under the act of August 24, 1912. Postage paid at New York, N. Y. Annual subscription United States \$10.00. Canada \$11.00. All other countries \$12.00. Single copies \$2.00.

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Each scored **Tablet** contains—

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Each 5 cc. tsp. of **Syrup** contains—

'Actidil'® brand Triprolidine
Hydrochloride1.25 mg.
'Sudafed'® brand Pseudoephedrine
Hydrochloride30 mg.

Bottles of 1 pint.

Dosage and Administration

	Tablets	Syrup
Adults and children over 6 years of age	1	2 tsp.
Children 4 months to 6 years of age	1/2	1 tsp.
Infants up to 4 months of age	—	1/2 tsp.

Dosage indicated may be given 3 times daily.

Side effects: While the great majority of patients will experience no side effects on 'Actifed' therapy, those sensitive to the component drugs may exhibit mild stimulation or mild sedation. No serious side effects have been noted.

Caution: Although pseudoephedrine hydrochloride is virtually without pressor effect in normotensive patients, it should be used with caution in patients with hypertension. In addition, even though triprolidine hydrochloride has a low incidence of drowsiness, appropriate precautions should be observed.

Complete literature available on request from Professional Services Dept. PML.



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

Monitor physiologic conditions of interest with Sanborn "Standard Unit" systems

Probably no two hospitals exist which have identical surgical procedures, identical physiologic information display requirements, or identical budgets for OR monitoring equipment.

Yet costly, custom-built monitoring systems are *not* necessary in most cases to do the job the surgical team wants done: building from an extremely wide range of available, standard, compatible instruments, Sanborn can and does provide complete, dependably trouble-free monitoring systems to meet the specific and different needs of hospitals and medical centers world-wide.

Systems can range from a simple combination of a few units for visual display only of the ECG, one temperature and two pressure measurements, for example — to very comprehensive installations which display and record 20 or more phenomena simultaneously, and provide complete intercommunications facilities and specialized measurement and analysis capabilities as well.

Frequently-used Sanborn units for *visual display* include oscilloscopes for waveform presentation of rapidly-changing events, illuminated numerical readouts which display up to four phenomena in three-digit values, and large scale meters for slowly changing events.

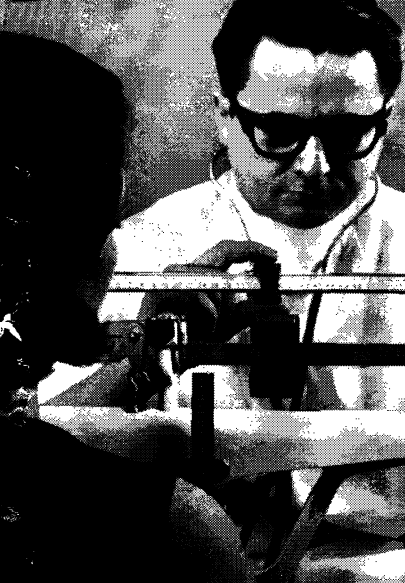
For *graphic recording*, heated stylus and optical oscillographs provide high resolution, permanent analog chart recordings of conditions. For *permanent storage* of data, with the ability to recreate the conditions again and again and over an expanded or compressed time interval, Sanborn magnetic tape recording systems provide extreme fidelity and precision at lower cost than many systems of comparable performance.

From such standard Sanborn units or "building blocks", the hospital has complete *freedom of choice* in system capabilities — coupled with the *economies* of regularly-manufactured products available from a single, experienced source. Tell us what you wish to monitor and any special conditions of use, and we will outline without obligation our system recommendation and cost estimate, to meet your monitoring requirements. Sanborn Division, Hewlett-Packard Company, Waltham, Mass. 02154.



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DIVISION

In addition to OR monitoring systems, Sanborn's new "780" modular units give complete flexibility and "add on" capabilities for bedside and central station monitoring in the ICU, recovery room and emergency room. New "780" brochure available on request.



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A WEIGHT CONTROL PROGRAM YOUR PATIENTS WILL STAY WITH...AND FEEL BETTER

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- 3. OBEDRIN MENU PLAN:** . . . aids weight reduction . . . provides a plan for necessary nutritional support and helps patients establish better eating habits.

Write today for free starter doses and Menu Plans, or contact your Massengill Representative.

DOSAGE is 1 tablet daily, usually at 10 a.m.

SUPPLIED in bottles of 50 and 250 tablets, on prescription only.

CAUTION: Insomnia, excitability, nervousness may occur if dosage is excessive. These occur infrequently and are mild with the recommended dosage. Use with caution in patients having a sensitivity to sympathomimetic compounds or barbiturates and in cases of coronary or cardiovascular disease or severe hypertension. Excessive use of amphetamines by unstable individuals has been reported to result in a psychological dependence. In such instances, withdrawal of the medication is necessary. All medication should be used with caution during pregnancy, especially in the first trimester.

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"TRICKLE RELEASE" TABLETS

Each tablet contains Methamphetamine HCl*, 12.5 mg.; Pentobarbital*, 50 mg. (Barbituric Acid derivative; Warning: May be habit forming); Ascorbic Acid, 200 mg.; Thiamine Mononitrate, 1 mg.; Riboflavin, 2 mg.; Nicotinic Acid (Niacin), 10 mg. *U. S. Pat. Nos. 2,736,682; 2,809,916; 2,809,917; 2,809,918 and pat. pending.

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An eminent role in medical practice

- Clinicians throughout the world consider meprobamate a therapeutic standard in the management of anxiety and tension.
- The high safety-efficacy ratio of 'Miltown' has been demonstrated by more than a decade of clinical use.

Indications: 'Miltown' (meprobamate) is effective in relief of anxiety and tension states. Also as adjunctive therapy when anxiety may be a causative or otherwise disturbing factor. Although not a hypnotic, 'Miltown' fosters normal sleep through both its anti-anxiety and muscle-relaxant properties.

Contraindications: Previous allergic or idiosyncratic reactions to meprobamate or meprobamate-containing drugs.

Precautions: Careful supervision of dose and amounts prescribed is advised. Consider possibility of dependence, particularly in patients with history of drug or alcohol addiction; withdraw gradually after use for weeks or months at excessive dosage. Abrupt withdrawal may precipitate recurrence of pre-existing symptoms, or withdrawal reactions including, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, the dose should be reduced and operation of motor vehicles or machinery or other activity requiring alertness should be avoided if these symptoms are present. Effects of excessive alcohol may

Miltown® (meprobamate)

possibly be increased by meprobamate. Grand mal seizures may be precipitated in persons suffering from both grand and petit mal. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

Side effects: Drowsiness may occur and, rarely, ataxia, usually controlled by decreasing the dose. Allergic or idiosyncratic reactions are rare, generally developing after one to four doses. Mild reactions are characterized by an urticarial or erythematous, maculopapular rash. Acute nonthrombocytopenic purpura with peripheral edema and fever, transient leukopenia, and a single case of fatal bullous dermatitis after administration of meprobamate and prednisolone have been reported. More severe and very

rare cases of hypersensitivity may produce fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, anaphylaxis, stomatitis and proctitis. Treatment should be symptomatic in such cases, and the drug should not be reinstituted. Isolated cases of agranulocytosis, thrombocytopenic purpura, and a single fatal instance of aplastic anemia have been reported, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity has been reported, usually after excessive meprobamate dosage. Suicidal attempts may produce lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.

Usual adult dosage: One or two 400 mg. tablets three times daily. Doses above 2400 mg. daily are not recommended.

Supplied: In two strengths: 400 mg. scored tablets and 200 mg. coated tablets.

Before prescribing, consult package circular.

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**Dymelor®
fits between
the short and
long-acting
sulfonylureas**

Dymelor is a new oral hypoglycemic agent effective in the treatment of stable, maturity-onset, nonketotic diabetes.

Contraindications: Sulfonylurea drugs are ineffective when employed as the sole treatment in juvenile, brittle, unstable, or severe diabetes. Insulin is the required therapeutic agent in such cases, although, on occasion, Dymelor may be given concurrently with Insulin.

Dymelor is contraindicated in diabetes complicated by acidosis, ketosis, coma, major surgery, infections, gangrene, or severe trauma.

Dymelor is contraindicated in patients with renal glycosuria or the hyperglycemia occasionally associated with uremia. The hyperresponsiveness of such patients to sulfonylurea drugs may result in prolonged or fatal hypoglycemia. Dymelor should not be used in nondiabetic conditions.

Dymelor is also contraindicated in pregnancy, although reproductive studies in two generations of animals treated with Dymelor have shown no evidence of teratogenesis or any other abnormalities. Because Insulin is the therapy of choice for pregnant diabetic patients, no sulfonylurea agent can be recommended for use in diabetic women who may become pregnant.

Side-Effects: Although hypoglycemia is a manifestation of the activity of the drug, it is nevertheless desirable to avoid this reaction. In the changeover from Insulin to

Dymelor, hypoglycemia can occur at the time both drugs are given simultaneously.

Other untoward reactions observed to date include gastro-intestinal disturbances, such as nausea and gastritis; headache, nervousness, and tingling (all possibly related to hypoglycemia); and infrequent cutaneous manifestations of hypersensitivity, characterized by the development of maculopapular skin eruption or other dermatoses.

Four cases of jaundice have been reported, but in none has Dymelor been definitely proved to be the etiologic agent. These cases indicate the need for caution in the use of sulfonylurea agents in patients who have received or are receiving several drugs of types known to produce hepatotoxicity.

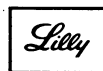
White-blood-cell counts have remained unaltered in all reported cases except for a single instance of transient leukopenia (single determination) which developed during the administration of the drug.

How Supplied: Tablets Dymelor are supplied in bottles of 50, 200, and 500 as follows:

250 mg., White (scored)

500 mg., Yellow (scored)

Dymelor®
Acetohexamide



*The House for
Diabetic Therapy*

HISTORY OF MEDICINE SERIES

The Library Publication Committee of The New York Academy of Medicine is happy to announce two new titles in its series of reprints of famous classics in the history of medicine. These titles are jointly sponsored by the Committee and the American Psychiatric Association and will be published by the Hafner Publishing Company. Copies may be ordered from your bookseller or from Stechert-Hafner, Inc., 31 East 10th Street, New York 10003, N. Y.

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to be given by
MANFRED S. GUTTMACHER, M.D.
Chief Medical Officer of the Supreme Bench of Baltimore
Baltimore, Maryland
on the subject

THE ROLE OF PSYCHIATRY IN LAW

At The New York Academy of Medicine
Wednesday Afternoon and Evening
December 8, 1965

Afternoon Lecture—4:30

The Present

The Law has been intimately involved in the great social and political unrest of the era in which we are living. Psychiatry, too, has undergone a transformation. In this ferment one perceives significant changes in the relationship of Law and Psychiatry, many of them still nascent.

The persisting difficulty in meaningful communication between lawyers and psychiatrists will be examined. Contemporary adversary trial procedures and the functioning of the jury present subjects of engaging interest.

The most prominent issue is still that of criminal responsibility, at the base of which lies the philosophical problem of free will and determinism. The various devices for resolving the dilemma will be considered.

The much mooted question of diminished responsibility will be fully presented, particularly in the light of the recent English experience.

Fitness to stand trial and the disposition in cases in which there has been a finding of not guilty by reason of insanity also involve complex questions of major importance.

The commitment of the mentally ill and the preservation of their rights during institutionalization are subjects vital to the members of both professions.

Evening Lecture—8:15

The Future

The role of the psychiatrist in the criminal trial is of great concern. Psychiatrists' discontent is not only over the tests of responsibility, but over the part they are required to play in its determination.

More use of court-appointed experts and the court psychiatric clinic in

(Continued on following page)

both civil and criminal cases is advocated. Psychiatry should become an actual partner of Law in the proceedings of the Family Court. Juries should be fully and clearly instructed as to the consequences of insanity verdicts in criminal trials.

The contribution that psychiatry and psychology might play in assessing the credibility of witnesses and the use and reliability of the lie detector and narcointerrogation in the examination of defendants will be discussed.

The need for granting privilege to psychiatrists, so that they will not be forced, when witnesses, to disclose the confidences of their patients must be given general acknowledgment. Complete separation of the commitment of the mentally ill and their legal competency is urged.

Conventional methods of dealing with convicted criminals will be scrutinized and the critical need for psychiatric personnel and facilities for the treatment of prisoners will be emphasized.

Special psychiatric clinic facilities should be established to determine what could be accomplished, under optimal conditions, in the treatment of certain probationers. Unique quasi-psychiatric and quasi-penal institutions for the treatment of the mentally abnormal offender must be developed, along with provisions for extended psychiatric treatment and surveillance of certain cases after release.

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ANNOUNCES

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Volume 6, Ca. 321 pages, 37 illustrations, 11 tables, New York 1966, \$20.50

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Because of the basic significance and historic facts embodied within it, Dr. Bourne has consented to bring out the original edition in facsimile reprint, with a completely updated appendix to show the effect and outcome of this debatable part of human history.

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Fewer and Less Severe Angina Attacks

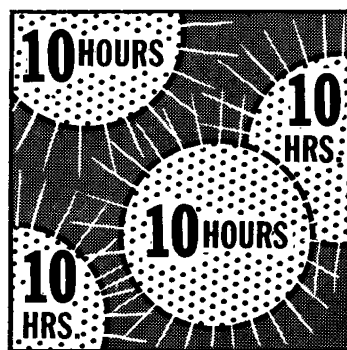
with nitroglycerin in a unique form—Micro-Dialysis Cells

Cardiologists generally agree that nitroglycerin is the single most valuable drug for use in angina. This unique micro-dialysis cell is available in a diffusion-membrane, controlled, continuous-action capsule that prophylactically provides medication *thirty times longer* than a single sublingual tablet. It is called NITRO-SPAN (brand of nitroglycerin). It does not take the place of the sublingual tablet during an acute anginal episode.

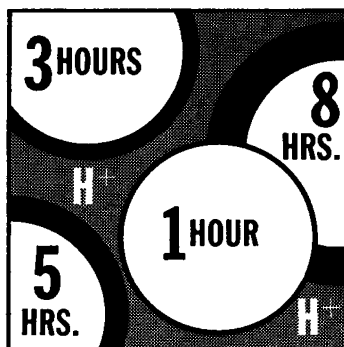
However, NITRO-SPAN is a timed-release medication that provides accurate, reliable, consistent, 10 to 12-hour treatment. Result: *fewer and less severe angina attacks.*

Unlike conventional disintegration tablets, NITRO-SPAN diffusion-membrane pellets act independently of pH, enzymatic action, or any other gastrointestinal functions. Because these functions vary from patient to patient, and even in the same patient at different times, the action of the disintegration tablet can produce erratic and unpredictable results.

On the other hand, NITRO-SPAN incorporates a remarkable principle in the pharmacodynamics of timed-release medication. The nitroglycerin is enclosed in a dialyzing membrane of controlled permeability. Each pellet is, in fact, a "MICRO-DIALYSIS CELL" which releases its contents over an entire 10 to 12-hour period, making possible a release rate not otherwise attainable.



Micro-dialysis cells are identical. Do not depend on body processes. Thus release rates are consistent.



Disintegration coatings of various thicknesses depend on variable body processes. Release rates can be unpredictable.

Each NITRO-SPAN capsule provides 2.5 mg. of nitroglycerin, U.S.P., processed to release uniformly over a 10 to 12-hour period.

Clinical indications: Prophylactic use only in angina pectoris.

Dosage: One capsule before breakfast, one capsule at bedtime (at 12-hour intervals).

Contraindications: Early myocardial infarction. Caution: These capsules are intended for prophylactic use only. For the relief of an acute anginal attack the sublingual nitroglycerin tablets should be used. Federal law prohibits dispensing without prescription. Precautions: Overdosage may cause transient headache.

NITRO-SPAN®
brand of nitroglycerin in micro-dialysis cells

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satisfy your patients with
efficient professional service*

- You may phone in your patients' prescriptions (except for narcotics)
- Your patients may charge their prescriptions on their Macy Shopping Accounts or C-T Plans
- Your patients may have their prescriptions delivered anywhere free of extra charge.



Macy's Herald Square, LA 4-6000
Macy's Parkchester, TA 8-7000
Macy's Jamaica, JA 3-6000
Macy's Flatbush, UL 6-5000
Macy's Roosevelt Field, PI 6-8000
Macy's Huntington, AR 1-1000
Macy's White Plains, WH 6-5000
Macy's New Haven, Conn., 624-9271
Macy's Bay Shore, MO 5-8400
Macy's Queens, AR 1-9100



An infinitely precious gift

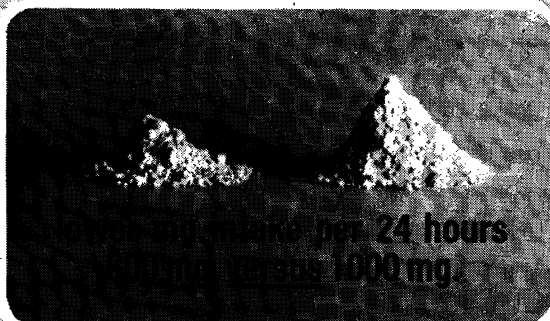
*"Health and good estate of body are
above all gold, and a strong body above
infinite wealth."—Ecclesiasticus 30:15*

Good health is the gift besides which all others are insignificant.

It is our business at GHI to pay for the care that you, as a physician, provide to make and keep your patients healthy. We extend to the medical profession and to subscribers, past, present, and future, the wish that the best of health may be theirs.

GHI

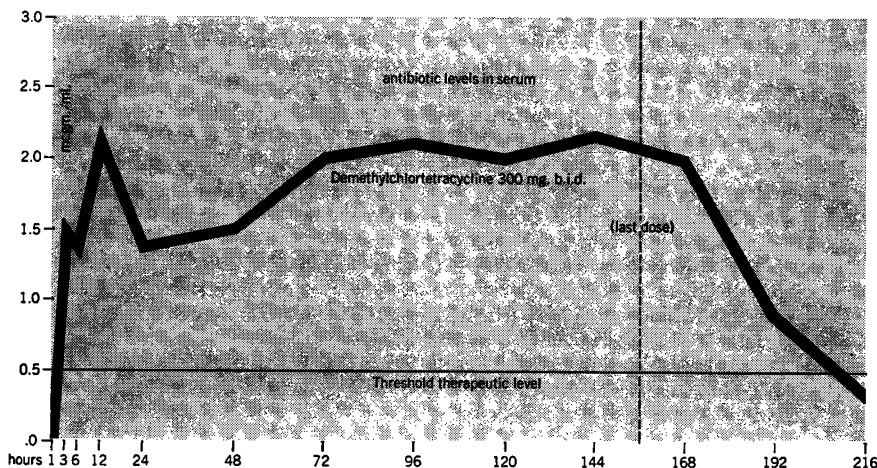
Group Health Insurance, Inc. / 221 Park Avenue South / New York



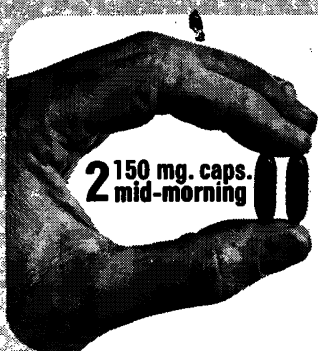
Days	1	2	3	4	5	6
duration of therapy, tetracycline						
duration of activity, tetracycline						
duration of therapy DECLOMYCIN demethylchlortetracycline						

1-2 days "extra" activity

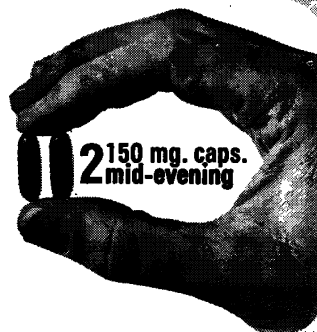
higher
activity levels
than other
tetracyclines—
with less
peak-and-valley
fluctuation



From Sweeney, W. M.; Dornbush, A. C., and Hardy, S. M.; Amer. J. Med. Sci. 243:296 (Mar.) 1962



12 hours
between doses



the option of b.i.d. dosage

the "extra" benefits raise the
level of antibiotic control

DECLOMYCIN[®]

DEMETHYLCHLORTETRACYCLINE

150 mg. CAPSULES

Effective in a wide range of everyday infections—respiratory, urinary tract and others—in the young and aged—the acutely or chronically ill—when the offending organisms are tetracycline-sensitive.

Side effects typical of tetracyclines include glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis, dermatitis, overgrowth of nonsusceptible organisms, tooth discoloration (if given during tooth formation) and increased intracranial pressure (in young infants). Also, very rarely, anaphylactoid reaction. Reduce dosage in impaired renal

function. Because of reactions to artificial or natural sunlight (even from short exposure and at low dosage), patient should be warned to avoid direct exposure. Stop drug immediately at the first sign of adverse reaction. It should not be taken with high calcium drugs or food; and should not be taken less than one hour before, or two hours after meals.

Capsules, 150 mg. and 75 mg. of demethylchlortetracycline HCl.

Average Adult Daily Dosage: 150 mg. q.i.d. or 300 mg. b.i.d.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



8035-9720



for The Age of Anxiety

For those who cannot cope realistically with the emotional turmoil and stress of modern living, the physician has at hand many valuable psychotherapeutic aids. One of the most useful is Librium, a pre-eminent prescription for excessive anxiety in this modern age.

LIBRIUM[®] (chlordiazepoxide HCl)
5mg 10mg 25mg capsules in #50's



In prescribing: Dosage—Adults: Mild to moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d. **Side Effects:** Side effects, usually dose-related, include drowsiness, ataxia, minor skin rashes, edema, menstrual irregularities, nausea and constipation. When treatment is protracted, blood counts and liver function tests are advisable. Paradoxical reactions may occasionally occur in psychiatric patients. Individual maintenance dosages should be determined. **Precautions:** Advise patients against possibly hazardous procedures until maintenance dosage is established. Though compatible with most drugs, use care in combining with other psychotropics, particularly MAO inhibitors or phenothiazines; warn patients of possible combined effects with alcohol. Observe usual precautions in impaired renal or hepatic function, in long-term treatment and in presence of depression or suicidal tendencies. Exercise caution in administering drug to addiction-prone patients or those who might increase dosage; withdrawal symptoms, similar to those seen with barbiturates or meprobamate, can occur upon abrupt cessation after prolonged overdosage. Caution should be exercised in prescribing any therapeutic agent for pregnant patients. **Supplied:** Capsules, 5 mg, 10 mg and 25 mg, bottles of 50.

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